

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**INTENT TO SHIP RETURN OF DAMAGED OR
OBSOLETE CIGARETTES TO MANUFACTURER**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
COLLECTION DIVISION
PO BOX 454
CONCORD NH 03302-0454

FROM: _____ DATE: _____

MANUFACTURER: _____

THE FOLLOWING WILL BE SHIPPED TO THE MANUFACTURER ON _____

NUMBER OF PKGS _____ @ \$1.33 = \$ _____

NUMBER OF PKGS _____ @ \$1.65 = \$ _____

TOTAL VALUE \$ _____

NOTE: THE INTENT MUST BE SENT 5 DAYS BEFORE SHIPPING CIGARETTES BACK TO THE MANUFACTURER. ALSO AT THIS TIME, A COPY OF THE RETURNED GOODS VOUCHER SHOULD BE ATTACHED TO THE INTENT. IF YOU SHOULD HAVE ANY QUESTIONS, PLEASE CALL THE DEPARTMENT AT (603) 271-3701.

CONTACT PERSON FOR REQUESTING REFUND
(PLEASE PRINT)